| CC FINANCING STATEMENT LOW INSTRUCTIONS (front and back) CAREFULLY  |                                       |                      |   |                                       |                           |                                       |  |
|---|---------------------------------------|----------------------|---|---------------------------------------|---------------------------|---------------------------------------|--|
| NAME & PHONE OF CONTACT AT FILER [optional]   | ···                                   |                      |   |                                       |                           |                                       |  |
| Selene Armstrong 205-226-1402 SEND ACKNOWLEDGMENT TO: (Name and Address)  | <u></u>                               | <u> </u>             |   |                                       |                           |                                       |  |
|   |                                       |                      |   |                                       |                           |                                       |  |
| Alabama Power Company 600 North 18th Street   |                                       |                      | 1   |                                       |                           |                                       |  |
| Birmingham, AL 35203  |                                       |                      |   |                                       |                           |                                       |  |
|   |                                       |                      |   | Shelby                                | / Cnty                    | 91770 1/3 \$45.<br>Judge of Proba     | te, AL                                       |
|   |                                       |                      | 1   | 05/08                                 | /2013 0                   | 2:42:43 PM FIL                        | ED/CERT                                      |
|   |                                       |                      | ]<br>TH                                       | E ABOVE SPAC                          | CE IS FO                  | R FILING OFFICE L                     | ISE ONLY                                     |
| DEBTOR'S EXACT FULL LEGAL NAME - insert only one d  | lebtor name (1a o                     | r 1b) - do not abbr  |   |                                       |                           |                                       |  |
| 1a ORGANIZATION'S NAME  |                                       |                      |   |                                       |                           |                                       |  |
| 1b. INDIVIDUAL'S LAST NAME  | · · · · · · · · · · · · · · · · · · · | FIRST NAME           |   | · · · · · · · · · · · · · · · · · · · | MIDDLE N                  | NAME                                  | SUFFIX                                       |
| Lewi 5  | <u>-</u>                              |                      | ncett   | 4                                     | CTATE                     | TOOCTAL CODE                          | COUNTRY                                      |
| MAILING ADDRESS  108 Nook Cipcle  |                                       | CITY                 | lham  |                                       | STATE                     | 35/24                                 | COUNTRY                                      |
| TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORG  | ANIZATION                             | 1f. JURISDICTIO      | ON OF ORGANIZA                                | ATION                                 | 1g ORGA                   | NIZATIONAL ID#, if an                 | 1y   |
| ORGANIZATION<br>DEBTOR  |                                       |                      |   | ···                                   |                           | · · · - · · - · · - · · · - · · · ·   | NC   |
| ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - 2a. ORGANIZATION'S NAME   | insert only <u>one</u> de             | ebtor name (2a or 2  | 2b) - do not abbre                            | viate or combine na                   | imes                      |                                       | <u>.                                    </u> |
| - <sub>1</sub>  |                                       |                      |   |                                       |                           |                                       |  |
| 2b INDIVIDUAL'S LAST NAME   |                                       | FIRST NAME           | trick   |                                       | MIDDLE                    | NAME                                  | SUFFIX                                       |
| MAILING ADDRESS   | <del></del>                           | CITY                 | <u>, , , , , , , , , , , , , , , , , , , </u> |                                       | STATE                     | POSTAL CODE                           | COUNTRY                                      |
| 108 Brook Circle  |                                       |                      |   |                                       | AL                        | 3512                                  | <b>1</b> US                                  |
| TAX ID #: SSN OR EIN ADD'L INFO RE 2e TYPE OF ORG   | SANIZATION                            | 2f JURISDICTI        | ON OF ORGANIZA                                | ATION                                 | 2g. ORG/                  | ANIZATIONAL ID#. if a                 |  |
| DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNE   | E of ASSIGNOR                         | S/P) - insert only g | one secured party                             | name (3a or 3b)                       |                           | · · · · · · · · · · · · · · · · · · · | NC   |
| 3a. ORGANIZATION'S NAME   |                                       |                      | · · · · · · · · · · · · · · · · · · ·         |                                       |                           |                                       |  |
| Alabama Power Company  3b. INDIVIDUAL'S LAST NAME   | <u> </u>                              | FIRST NAME           | · -   |                                       | MIDDLE                    | NAME                                  | SUFFIX                                       |
|   |                                       |                      |   |                                       |                           |                                       |  |
| MAILING ADDRESS   |                                       | CITY<br>Birmingh     | O 100   |                                       | STATE                     | POSTAL CODE                           | COUNTRY                                      |
| 00 North 18th Street This FINANCING STATEMENT covers the following collateral:  |                                       | Diffiningn           | alli  |                                       | AL                        | 35203                                 | US   |
|   | 41                                    |                      | . 41  |                                       | . T4                      | <b>Д14 - С45: - С</b>                 |  |
| The following heat pump was installed at statement:   | the residence                         | ce located or        | i ine properi                                 | ty described                          | in item                   | #14 Of this lina                      | neng   |
|   |                                       |                      |   |                                       |                           |                                       |  |
| Brand: 176  |                                       |                      |   |                                       |                           |                                       |  |
| Model: NYH330AKE100 Model:  | _ <del></del>                         | Model:               |   | Model:_                               |                           | <del></del>                           |  |
| Serial: E124003424 Serial:  |                                       | Serial:              |   | Serial:                               |                           |                                       |  |
| Amount of indebtedness:\$ 989.00  |                                       |                      |   |                                       |                           |                                       |  |
| Amount of indebtedness: \$ 1001.00  |                                       |                      |   |                                       |                           |                                       |  |
|   |                                       |                      |   |                                       |                           |                                       |  |
|   |                                       |                      |   |                                       |                           | •                                     |  |
|   |                                       |                      |   |                                       |                           |                                       |  |
| ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESS  This FINANCING STATEMENT is to be filed [for record] (or record)  ESTATE RECORDS. Attach Addendum |                                       |                      |   | ARCH REPORT(S                         | SELLER/Bi<br>on Debtoonal |                                       | NON-UCC FIL                                  |

| ent only one name (11a or 11b) - do not abbrev  FIRST NAME  CITY  | THE ABOVE SPACE IS FOR iate or combine names   | R FILING OFFICE USE ONLY  |
|---|--|---|
| ert only one name (11a or 11b) - do not abbrev FIRST NAME CITY  | THE ABOVE SPACE IS FOR iate or combine names   |   |
| FIRST NAME  CITY  | iate or combine names  MIDDLE NAME   |   |
| FIRST NAME  CITY  | iate or combine names  MIDDLE NAME   |   |
| FIRST NAME  CITY  | MIDDLE NAME  | SUFFIX  |
| CITY  |  | SUFFIX  |
|   | STATE POST   | }   |
|   |  | COUNTRY US  |
| IZATION 11f JURISDICTION OF ORGAI   | NIZATION 11g ORGANIZA  | ATIONAL ID# if any NONE   |
| OR S/P'S NAME - insert only one name  | (12a or 12b)   |   |
| FIRST NAME  | MIDDLE NAME  | SUFFIX  |
| CITY  | STATE POST   | TAL CODE COUNTRY US   |
|   | iption   |   |
| Shell 05/0  17 Check only if applicable a Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTIN | by Cnty Judge of Probate 8/2013 02:42:43 PM FILES and check only one box  Trustee acting with respect to property and check only one box  NG UTILITY   | e , AL<br>D/CERT<br>ty held in trust or Decedent's Estate   |
|   | FIRST NAME  CITY  Is-extracted 16 Additional collateral describes a state 2013  Shell 05/0  17 Check only if applicable a Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTIN Filed in connection with a | CITY STATE POS  is-extracted 16 Additional collateral description  : 20130508000191770 2/3 \$45.8! Shelby Cnty Judge of Probat. |

THIS INSTRUMENT PREPARED BY:
Courtney Mason & Associates, P.C.
1904 Indian Lake Drive, Suite 100
Birmingham, Alabama 35244
STATE OF ALABAMA
)

GRANTEE'S ADDRESS: Concetta Lewis 108 Brook Circle Pelham, Alabama 35124

## JOINT SURVIVORSHIP DEED

20070126000040230 1/1 \$12.50 Shelby Cnty Judge of Probate AL 01/26/2007 12:34:05PM FILED/CERT

COUNTY OF SHELBY

KNOW ALL MEN BY THESE PRESENTS: That, for and in consideration of One Hundred Seventy-Five Thousand Four Hundred and 00/100 (\$175,400.00) DOLLARS, and other good and valuable consideration, this day in hand paid to the undersigned GRANTOR, Wendy M. Allen, a single individual (hereinafter referred to as GRANTOR), the receipt whereof is hereby acknowledged, the GRANTOR does hereby give, grant, bargain, sell and convey unto the GRANTEES, Concetta Lewis and Patrick Lewis, wife and husband, (hereinafter referred to as GRANTEES), for and during their joint lives and upon the death of either, then to the survivor of them in fee simple, together with every contingent remainder and right of reversion, the following described Real Estate, lying and being in the County of SHELBY, State of Alabama, to-wit:

Lot 55, according to the Survey of Ivy Brook, Phase Two, Second Addition, as recorded in Map Book 20, Page 4, in the Probate Office of Shelby County, Alabama.

Subject to existing easements, current taxes, restrictions and covenants, set-back lines and rights of way, if any, of record.

\$174,024.00 of the above-recited purchase price was paid from a mortgage loan closed simultaneously herewith.

TO HAVE AND TO HOLD, the tract or parcel of land above described together with all and singular the rights, privileges, tenements, appurtenances, and improvements unto the said GRANTEES, as joint tenants, with right of survivorship, their heirs and assigns forever; it being the intention of the parties to this conveyance, that (unless the joint tenancy hereby created is severed or terminated during the joint lives of the GRANTEES herein) in the event one grantee herein survives the other, the entire interest in fee simple shall pass to the surviving grantee, and, if one does not survive the other, then the heirs and assigns of the GRANTEES herein shall take as tenants in common, forever.

AND SAID GRANTOR, for said GRANTOR, GRANTOR'S heirs, successors, executors and administrators, covenants with GRANTEES, and with GRANTEES' heirs and assigns, that GRANTOR are lawfully seized in fee simple of the said Real Estate; that said Real Estate is free and clear from all Liens and Encumbrances, except as hereinabove set forth, and except for taxes due for the current and subsequent years, and except for any Restrictions pertaining to the Real Estate of record in the Probate Office of said County; and that GRANTOR will, and GRANTOR'S heirs, executors and administrators shall, warrant and defend the same to said GRANTEES, and GRANTEES' heirs and assigns, forever against the lawful claims of all persons.

IN WITNESS WHEREOF, said GRANTOR has hereunto set her hand and seal this the 24th day of January, 2007.

STATE OF ALABAMA )

COUNTY OF SHELBY )

I, the undersigned, a Notary Public, in and for said County and State, hereby certify that Wendy M. Allen, a single individual whose name is signed to the foregoing conveyance and who is known to me, acknowledged before me on this day that, being informed of the contents of the Instrument signed her name voluntarily on the day the same bears date.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this the 24th day of January, 2007.

NOTARY/PUBLIC

My Commission Expires:

20130508000191770 3/3 \$45.85 Shelby Chty Judge of Probate, AL 05/08/2013 02:42:43 PM FILED/CERT

Shelby County, AL 01/26/2007 State of Alabama

Deed Tax: \$1.50